

ORIGINALUNITED STATES DISTRICT COURT
DISTRICT OF DELAWARERichard C. Hunt

Plaintiff

V.

Brian Emig

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

06 - 324

I, Richard C. Hunt

declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the fees sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration _____

Inmate Identification Number (Required): _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sources?
- | | | |
|---|---------------------------|-------------------------------------|
| a. Business, profession or other self-employment | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| e. Gifts or inheritances | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. Any other sources | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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CLERK OF DISTRICT COURT
DISTRICT OF DELAWARE
2006 MAY 18 PM 4:24

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? • • Yes ~~No~~
- If "Yes" state the total amount \$ _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • • Yes ~~No~~
- If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

5/16/06
DATE

Richard Hunt
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ORIGINAL **DELAWARE CORRECTIONAL CENTER**
SUPPORT SERVICES OFFICE
MEMORANDUM

06 - 324

TO: Richard Flont SBI#: 274714FROM: Stacy Shane, Support Services SecretaryRE: 6 Months Account StatementDATE: April 26, 2006

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 CLERK U.S. DISTRICT COURT
 DISTRICT OF DELAWARE
 2006 MAY 18 PM 4:25

Attached are copies of your inmate account statement for the months of
October 1, 2005 to March 31, 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Oct</u>	<u>.02</u>
<u>Nov</u>	<u>0</u>
<u>Dec</u>	<u>576</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>3516</u>
<u>March</u>	<u>17.86</u>

Average daily balances/6 months: 9.34

Attachments

CC: File

Stacy Shane
4/24/06

Mich 2 L
Not Filed
4/26/06

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 1218 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit:

N/A

I further certify that during the past six months the applicant's average monthly balance was \$ 9.34

and the average monthly deposits were \$ 20.00

4/26/06
Date

Stacy Shane
Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)